

**State Program Standing Committee
for Adult Mental Health**

Monday, March 14, 2016

MINUTES

Location of Meeting: Ash Conference Room, NOB 2 North, Waterbury

MEMBERS Clare Munat, Malaika Puffer, Uli Schygulla, Thelma Stoudt, and Dan
PRESENT: Towle

DMH

STAFF: Emma Harrigan, Melinda Murtaugh, and Trish Singer

HOWARD Bob Bick, Sean Lynch, Sandy McGuire, Lisa Martiny, Neil Metzner, Laura
CENTER: Pearce, Catherine Simonson, Connie Stabler, Gail Stevenson, Kerry Stout,
and Matt Young

FLINT

SPRINGS

ASSOC.: Joy Livingston and Donna Reback

Facilitator: Malaika Puffer

Malaika reviewed the agenda and the members present went through the formality of introducing themselves even though no introductions were necessary. Melinda added a short item to the agenda: Joe Gallagher has had to withdraw his candidacy for membership because he has a new job without the flexibility that would allow him to attend meetings. Members put off approval of the notes for February 8 until the April meeting.

Commissioner's Update: Trish Singer and Emma Harrigan (for Frank Reed)

House Health and Human Services (HHS). HHS made a recommendation to House Appropriations to remove the involuntary medication language from the budget bill.

New Safety Protocols for Community Agencies with Staff Who Work with Families in Their Homes and Other Community Settings. Emma said that many designated agencies already have similar protocols to see to staff safety, in addition to critical-incident reports and targeted staff training. For now, lawmakers are refining the protocols to take into account the measures that are already in place. They are also working on reporting requirements so as not to increase the administrative burden for designated agencies.

Fiscal Year 2017 Budget. The Department of Mental Health has submitted its FY 2017 budget to the legislature. Vermont Care Partners, the umbrella agency for the designated agencies, is lobbying for a 3% Medicaid increase for the agencies.

Housing. DMH anticipates future cuts in funds for housing available through programs from the federal Department of Housing and Urban Development. HUD is switching to a preference for permanent housing over transitional housing. For the coming fiscal year, however, Brian Smith, DMH's housing specialist, has secured assurance of continued HUD funding for Safe Haven at the Clara Martin Center in Randolph.

Mental Health Advocacy Day in Montpelier. This coming Thursday, March 17, is Mental Health Advocacy Day at the legislature. Primary hosts and organizers are the Vermont Association for Mental Health and Addiction Recovery (VAMHAR), the Vermont chapter of the National Alliance on Mental Illness (NAMI—VT), and Vermont Care Partners. Numerous activities and events are planned throughout the morning, ending with a lunch with legislators to begin at noon. Welcoming addresses will start at 10:00. Tentative speakers include Governor Peter Shumlin, Lieutenant Governor Phil Scott, Speaker of the House Shap Smith, Mental Health Commissioner Frank Reed, and Senator John Campbell.

Vermont Psychiatric Care Hospital (VPC). VPC has been at full capacity for a while, Trish said. A high percentage of the nursing staff is comprised of travelling nurses. There is hope that a reconsideration of salary levels for nurses will provide a chance to be more competitive in future recruitment efforts.

Recent Developments at Some Community Agencies. Both Soteria House, in Burlington, and Another Way, in Montpelier, are looking for new directors at present.

Redesignation for Howard Center (HC)

Standing Committee members and guests from Howard Center introduced themselves. Malaika began the discussion by noting that the summary of Howard Center's *Designation Report* shows that the agency meets all standards required by the *Administrative Rules on Agency Designation* for Adult Mental Health programs: the Community Support Program (CSP), Adult Outpatient Services (AOP), and Emergency Services (ES). Bob Bick mentioned the following significant developments at the agency since he became executive director at the beginning of 2015:

- ∞ Internal organizational integration focused on eliminating funding silos and simplifying the administrative burden for the agency. The first focus area has been Crisis Services, Bob explained, with an eighteen-month time line to fold three different services for three different populations into one that will serve all three and be reachable at a single telephone number.
- ∞ Negotiations in 2015 with the two unions that represent HC staff. HC made a new commitment to improve salary levels for agency staff in order to close the competi-

tive gap between HC and other health care organizations (hospitals, for example) that are not so dependent on Medicaid for revenue (90% of HC's revenue comes from Medicaid, Bob said). Continuing with salary improvements will require at least a 3% rise in Medicaid rates. Without that increase, he said, the alternative is to make substantial reductions in existing programs or close some of them so that the agency will be in a position to fulfill its commitment to raising staff salaries.

- ∞ HC and DMH have worked together to reduce 183 data elements on outcomes to thirty-nine (so far).
- ∞ HC is in the third year of its current Strategic Plan.

Matt Young, the team leader of HC's Community Outreach Program, told how it started fifteen years ago as a response to mental-health issues and needs in downtown Burlington. Now the program is noncategorical, he said, "everything all the time"—financial, legal, interpersonal (to name some of the kinds of help that Street Outreach staff can offer)—all over the city. He is now working to expand the program to South Burlington too. He works with the police in both Burlington and South Burlington. Numerous community stakeholders are involved with the program in numerous ways. Matt said that the operating philosophy of the program is that "public safety is public health."

As the discussion continued, other topics that came up included the following as important advocacy issues:

- Incredible progress the agency has made over the years working against stigma and discrimination
- The power of language:
 - HC's initiative on equity and inclusion, and contract with Abundant Sun to engage individuals at all levels of the organization
 - Diagnostic terms
 - The importance of people-first language
- Staff salaries/recruitment and retention
- Restricted resources for supporting more options for training of mental-health employees
- High marks from HC staff survey for supervision
- The agency's broad definition of diversity, looking "across virtually any dimension you could imagine," Bob said

Clare made a motion to recommend redesignation for Howard Center, with no further action required. Thelma seconded the motion. Uli recused herself because she is an employee of HC, and the remaining Standing Committee members unanimously approved HC's redesignation as stated in Clare's motion.

Points to Note in the Standing Committee's Recommendation to the Commissioner

- ∞ HC's engagement with families and clients, as demonstrated through working with NAMI—VT and the agency's strong local program standing committee known as the Consumer Advocacy Network (CAN)
- ∞ HC's work with Abundant Sun on a plan for diversity, equity, and inclusion
- ∞ HC's support for people in making their own meaning out of their experience
- ∞ The agency's ethical corporate behavior, as evidenced by:
 - Its commitment to staff salaries and closing the wage gap
 - Commitment to supervision
 - An impressive Strategic Plan and the work involved in putting it together
 - Support for the significant amount of work led by Sandy Steingard, M.D., on Open Dialogue

Independent Report on Act 114: Flint Springs Associates (Joy Livingston and Donna Reback)

Joy and Donna began their presentation by noting that a major difference in the Act 114 process in Fiscal Year 2015 (July 1, 2014-June 30, 2015) from prior years was the possibility of combining commitment hearings and petitions for involuntary psychiatric medication. There were, however, several conditions attached to filing both at the same time.

Melinda Murtaugh asked if Joy and Donna have had any responses to the reports that they have written over the years. Donna replied that they were asked to testify at the legislature a couple of years ago, but as it turned out the lawmakers wanted to know about outcomes and that information was not available. They were asked to offer testimony again earlier this year but both of them were away on vacation at the time and they have not had further word from Montpelier. Joy added that hospitals have generally been very interested and responsive to findings and/or recommendations that Flint Springs makes about improvements in record-keeping or other things in the control of the hospitals where the medications are administered. Joy singled out the Brattleboro Retreat for putting staff in charge of Act 114 records and doing regular audits.

Donna explained the process of contacting Act 114 patients through the Mental Health Law Project to ask them to participate in the independent study. For the report on FY 2015, which was filed in January 2016, Flint Springs mailed 177 letters. Seventeen individuals responded. Joy added that she and Donna go to each of the hospitals where involuntary psychiatric medications are administered under the provisions of Act 114. They look through the hospital's records and interview staff as well. They also conduct interviews with DMH leadership on recent steps taken toward a "system free of coercion."

Uli asked if the researchers have spotted any trends. Donna said that the study was broadened a few years ago from a single fiscal year to include all Act 114 patients who have been medicated since the law was passed in 1998. They have two questionnaires

now, one for patients medicated in the fiscal year under study and another one for the patients medicated in the past.

Changes over the years include:

- ❖ Decreases in the use of seclusion and restraint, and better communication/relationships between staff and patients, following targeted training for hospital staff
- ❖ On the other hand, more use of seclusion and restraint without follow-up training
- ❖ Almost all of the past Act 114 patients are still involved with the public mental health system
- ❖ Most patients continue to take their medications
- ❖ The number of petitions for involuntary psychiatric medication has been increasing with the passage of years
- ❖ More hospitals have become involved, especially since the closure of the Vermont State Hospital

Ups and downs over the years, Joy said, depend on whether hospital staff place more emphasis on moving the process along or on developing relationships with patients over time. Other noteworthy factors that have an impact on the Act 114 process include access to judge(s) and the decisions they make in addition to the availability of outside psychiatric assessments.

Items for April Agenda

- ✓ Review of agenda and time slots assigned, introductions, approval of notes for meetings of February 8 and March 14, appointment of a timekeeper
- ✓ Commissioner's update
- ✓ Preliminary discussion of redesignation for United Counseling Service of Bennington County (UCS); see *UCS Agency Review Report* dated March 8, 2016
- ✓ Finish operationalizing participation in hiring of key departmental management
- ✓ Public comment
- ✓ May agenda

Items for Future Agendas

- ✓ Frank Reed: Commissioner's report to the legislature and ideas for reports in the future
- ✓ J Batra: (1) suicide prevention and (2) changes to orders of nonhospitalization
- ✓ Brian Smith: updates on housing (issues, developments, etc.)